Schedule E)	PAGE 1 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	nds report filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Shanon Snyder	Date of Public Distribution/Dissemination
·	09 / 08 / 2014
Mailing Address 2701 Winifred	Amount
City State Zip Code	30.00
Metairie LA 70003	Transaction ID : 1bcd9b57-3248-4f3c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	pport Office Sought: House District: 00
Ms. Mary L Landrieu Op	ppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 112465.88	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Shanon Snyder	09 / 08 / Y Y Y Y Y
Mailing Address 2701 Winifred	Amount
City State Zip Code	4.20
Metairie LA 70003	Transaction ID : 0bfde839-6cb8-40e7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 09 / 08 / 2014
Name of Federal Candidate Su	upport Office Sought: House District: 00
Ms. Mary L Landrieu Op	ppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 112465.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 10 2014
Signature	

Schedule E)	IVI EXI ENL	ON ONES	PAGE 2 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			09 / 08 / 2014
Mailing Address 307 Farris Rd Apt 1			Amount
City	State	Zip Code	40.00
Conway	AR	72034	Transaction ID : 3c114e2b-2c81-404f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-	82209.30	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			09 / 08 / 2014
Mailing Address 307 Farris Rd Apt 1			Amount
City	State	Zip Code	6.30
Conway	AR	72034	Transaction ID: e5da20c3-7ec8-47f0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	_,,	82209.30	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ıres		• 46.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures)
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 09 10 2014
•			

Schedule E)	II EXI END			PAGE 3 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			L	0
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Casey Stockton			Date of	Public Distribution/Dissemination
•			Os	
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code	-	30.00
Spruce Pine	NC	28777		tion ID: 96d1718f-64b6-4ef9-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	290047.54	Disbursement F	For: Primary General
Full Name of Payee				Public Distribution/Dissemination
Lorri Anderson			MO	M / D D / Y Y Y Y
Mailing Address 7214 Duchamp Dr				لسندا لنا ك
			Amount	
City	State	Zip Code		45.00
Charlotte	NC	23215	Transact Date of	ion ID : e2cdb94c-27ec-4eb8-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	9 08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	290047.54	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		· •	75.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures				7 1 7 1 0
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		10 2014
Signature				

Schedule I	E)	141 EX. E.S.	1101120		PAGE 4 OF 53 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women :	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	-M / D - D / Y - Y - Y
Trul Name					
Lorri A	e of Payee Anderson			М	of Public Distribution/Dissemination 9 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 7214 Duchamp Dr			Amour	nt
City		State	Zip Code		10.50
Charlotte		NC	23215		action ID: 249372a2-0dea-470b-8 of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002	M	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought		290047.54	Disbursement 2014 Ot	r For: Primary X General cher (specify) ►
	e of Payee Walker				of Public Distribution/Dissemination
Mailing A	ddress 3 Girard			Amou	09 08 2014
City		State	Zip Code		55.00
Fort Smi	th	AR	72901	Transa Date of	ction ID : 1b54694d-dfff-40f8-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	09
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	7	82209.30	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTO	DTAL of Itemized Independent Expendit	ures		. •	65.50
(b) SUBTO	OTAL of Unitemized Independent Expen	ıditures		- -	
(c) TOTAL	Independent Expenditures			· .	
with, or at	alty of perjury I certify that the indeper the request or suggestion of, any cand nittee) any political party committee or i	lidate or authorized			
	Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 09	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re		_		

Schedule E)	INT EXI END	JII OI ILO	PAGE 5 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sue G Walker			09 / 08 / 2014
Mailing Address 3 Girard			Amount
City	State	Zip Code	8.40
Fort Smith	AR	72901	Transaction ID : 6c2cdd61-423d-4ec4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Regina R Mouton			09 / 08 / 2014
Mailing Address 5827 Brighton PI			Amount
City	State	Zip Code	25.00
New Orleans	LA	70131	Transaction ID : 1e429cbf-74eb-480f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		• 33.40
· ·			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 09 10 2014

Schedule E)	LIVI EXI END	HONES	PAGE 6 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Regina R Mouton			09
Mailing Address 5827 Brighton PI			Amount
City	State	Zip Code	116.70
New Orleans	LA	70131	Transaction ID: ccfe0849-61bd-4a69-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary X General 2014
Full Name of Payee			Date of Public Distribution/Dissemination
Erin L Hogan			09 08 2014
Mailing Address 110 Teresa Lane			Amount
City	State	Zip Code	70.00
Pocahontas	AR	72455	Transaction ID : d4610c52-e5f0-4080-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 186.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •
(c) TOTAL Independent Expenditures			
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 10 / 2014
-			

Schedule E)	II EXI END	TIONES		PAGE 7 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Erin L Hogan			M M /	08 / 2014
Mailing Address 110 Teresa Lane			Amount	
City	State	Zip Code		45.30
Pocahontas	AR	72455		D: 2f52669e-5f08-4216-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	82209.30	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Laura U Logie			09	08 / 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		20.00
Harrisonburg	VA	22801		D: 5286e799-b149-4dd5-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	290047.54	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			65.30
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 10	2014
Signature				

Schedule E)	INI EXI END	TIONES		PAGE 8 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sharon t Craig			09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		15.00
Lenoir	NC	28645		D: 5148e342-b981-4191-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Sharon t Craig			M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		4.50
Lenoir	NC	28645		: d8ce578c-bec2-471f-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	290047.54	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			19.50
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			•	1 4 1 4 1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 10	2014
-				

Schedule E)	VI EXI END	ITORES	<u> </u>	PAGE 9 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Nathan S Shaw			Date of Public	Distribution/Dissemination
Mailing Address 5726 NC Hwy 66 S			09 Amount	08 2014
City King	State NC	Zip Code 27021	Transaction ID	45.00) : 1a81edbc-a6e5-41a4-8
Purpose of Expenditure			Date of Disbur	sement or Obligation
Salary		Category/ Type 001	09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	290047.54	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Nathan S Shaw			M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5726 NC Hwy 66 S			Amount	
City	State	Zip Code		25.80
King	NC	27021		: ba4c2921-4d76-4eae-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	290047.54	Disbursement For: 2014 Other (spe	Primary ☐ General
(a) SUBTOTAL of Itemized Independent Expenditu	res			70.80
(-,			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>	7
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 10	2014
Signaturo				

Schedule E)			1101120		PAGE 10 OF 53 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 24	4-hour report X 48-hour report	New rep	ort Amends repo		- M / D - D / Y - Y - Y
	M Stevens				of Public Distribution/Dissemination 09 08 7 2014
Mailing Add	ress 1691 Fork Mtn Rd			Amou	nt
City		State	Zip Code	— L.	70.00
Bakersville		NC	28705		action ID : 227322bd-23a6-42e7-b of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	М	09 08 / 2014
Name of Fe	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Ha	ngan		X Oppose	Preside	
	lar Year-To-Date ection for Office Sought		290047.54	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name				Date of	of Public Distribution/Dissemination
Virginia	M Stevens			M	09 08 2014
Mailing Add	lress 1691 Fork Mtn Rd				
				Amou	nt
City		State	Zip Code		31.80
Bakersville		NC	28705		ction ID : a478a887-b769-42d1-8 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	M	09 / D D / Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Ha	agan		X Oppose	Preside	ent Senate State: NC
	dar Year-To-Date ection for Office Sought		290047.54	Disbursemen 2014 O	t For: Primary
(a) SUBTOT	AL of Itemized Independent Expend	litures		•	101.80
(b) SUBTOT	AL of Unitemized Independent Expe	enditures		• •	
(c) TOTAL I	ndependent Expenditures			•	7 1 7 1 7
with, or at th	y of perjury I certify that the indeper e request or suggestion of, any can tee) any political party committee or	didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	IVI EXI EIVE	TIONES	<u> </u>	PAGE 11 OF 53 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Anthony Pearson				Distribution/Dissemination
Mailing Address 112 apache Dr			09	08 2014
Maining Address 112 apache Dr			Amount	
City	State	Zip Code		50.00
Search	AR	72149		: ead9d936-820f-4d7d-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	82209.30	Disbursement For: 2014 Other (spec	Primary ☐ General
Full Name of Payee			Date of Public [Distribution/Dissemination
Anthony Pearson			09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 apache Dr			Amount	
City	State	Zip Code		18.60
Search	AR	72149		caf43855-4082-4ae5-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			68.60
			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	7
(c) TOTAL Independent Expenditures			•	1 7 1 1 2 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 10	2014
-				

Schedule E)	- /(1 - 1 - 1 - 1	1101.20		PAGE 12 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
· · · · · · · · · · · · · · · · · ·				M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	
Full Name of Payee Tammay Williams			M	F Public Distribution/Dissemination OP 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amoun	
City	State	Zip Code		80.00
New Orleans	LA	70116		action ID: 90095a7a-4d5a-4916-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	1	112465.88	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Tammay Williams				f Public Distribution/Dissemination
				09 / 08 / 2014
Mailing Address 924 N. Prieur St			Amoun	ıt
City	State	Zip Code	-	15.00
New Orleans	LA	70116	Transac Date o	ction ID: a48d34e6-a415-4a96-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				95.00
(a) SOBTOTAL OF Remized Independent Expenditures.			•	95.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) Omen Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
۷V	omen opeak out FAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee Jacob T Craig	Date of Public Distribution/Dissemination
		09 08 2014
	Mailing Address 1410 Bushville Dr	Amount
ŀ	City State Zip Code	35.00
	Lenoir NC 28645	Transaction ID : 10cc9de4-31a9-4196-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 08 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 290047.54 Disbut 2014	rsement For: Primary General Other (specify)
	Full Name of Payee Brandon Wheeler Mailing Address 10112 Piney Creek Ct	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	City State Zip Code	40.00
	Charolette NC 28215	Transaction ID: 2697e16e-42b0-4d68-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 08 7 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	9 10 2014
	Oignature	

PAGE

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OF

53

Schedule E)	LIVI EXI EN	DITORILO	PAGE 14 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Wheeler			09
Mailing Address 10112 Piney Creek Ct			Amount
City	State	Zip Code	27.60
Charolette	NC	28215	Transaction ID : b2692274-a1a0-40ab-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	82209.30	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			09 / 08 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	80.00
Shreveport	LA	71104	Transaction ID: 7769d6c2-a789-4c84-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. 107.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	09 10 / 2014
S.g.iataro			

Schedule E)	I EXI END	TOTILO		PAGE 15 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		70.50
Shreveport	LA	71104		D: ff00bb62-875a-4da3-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	1	12465.88	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Lily Green			M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		: df681ecf-eb8b-4be9-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	112465.88	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			150.50
				4 4
(b) SUBTOTAL of Unitemized Independent Expendit	tures		•	7
(c) TOTAL Independent Expenditures)	7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 10	2014
- 9				

Schedule E)	ADENT EXTEND	TOTILO	PAGE 16 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			09 / 08 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	70.50
Shreveport	LA	71119	Transaction ID : 3de3a235-9a06-4061-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	12465.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			09 08 7 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	55.00
New Orleans	LA	70188	Transaction ID : a05ee457-b9a0-42cf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		125.50
(b) SUBTOTAL of Unitemized Independent I	Expenditures		>
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule	E)	(1 E/N E.12.	1101120		PAGE 17 OF 53 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ne of Payee n Smith				of Public Distribution/Dissemination
	Address 2090 Fancy Gap Rd				09 08 2014
	2030 Failey Cap Nu			Amou	nt
City		State	Zip Code		70.00
Mt. Airy		NC	27030		action ID : fdc1fc65-a347-4019-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		09 08 7 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	[,] Hagan		X Oppose	Preside	NO
	endar Year-To-Date Election for Office Sought		290047.54	Disbursemen 2014 O	t For: Primary X General
Full Nar	ne of Payee	_			of Public Distribution/Dissemination
Ralph	Smith			N	00 / D D / Y Y Y Y Y
Mailing	Address 2090 Fancy Gap Rd			L	09 08 2014
	2090 Failty Gap Itu			Amou	nt
City		State	Zip Code		29.01
Mt. Airy		NC	27030	Transa Date	oction ID: 93721c9e-dabd-4866-9 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		09 / 08 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	/ Hagan		Oppose	Preside	ent Senate State: NC
	endar Year-To-Date Election for Office Sought	7 1 7	290047.54	Disbursemen 2014	t For: Primary
(a) SUB	FOTAL of Itemized Independent Expenditure	'es		· •	99.01
(b) SUB	TOTAL of Unitemized Independent Expend	itures		. •	
(c) TOTA	L Independent Expenditures			•	7
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	10 / Y Y Y Y Y Y Y Y Y
Signat	ure				

Schedule	E)	ZEITT EXTERIO			PAGE 18 OF 53 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	<u> </u>
	e of Payee S Green			M	f Public Distribution/Dissemination 9
Mailing A	ddress 2320 Saint Nick Dr			Amoun	
City		State	Zip Code	— [60.00
New Orle	eans	LA	70131		action ID: 6c949f90-f7c6-4bee-9 f Disbursement or Obligation
Purpose (Salary	of Expenditure		Category/ Type 001	M	09
Name of	Federal Candidate		Support	Office Sought:	: House District:00
Ms. Mary	L Landrieu		X Oppose	Presider	nt Senate State: LA
	ndar Year-To-Date Election for Office Sought		112465.88	Disbursement 2014 Oth	For: Primary X General her (specify) ▶
	e of Payee S Green				f Public Distribution/Dissemination
	ddraaa				09 08 2014
Mailing A	2320 Saint Nick Dr			Amoun	ıt
City		State	Zip Code		12.90
New Orle		LA	70131	Transac Date o	ction ID : c07c5049-d2d6-489f-a f Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		09 / 08 / Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought		112465.88	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTO	DTAL of Itemized Independent Exper	oditurae			72.90
(a) 3001.	JIAL OF REITIZED HOUSPENDERN Expor	allures		•	12.30
(b) SUBTO	DTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL	. Independent Expenditures			•	7 7 7
with, or at	alty of perjury I certify that the indep the request or suggestion of, any ca nittee) any political party committee of	indidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re				

Sc	hedule E)	-/(I E. (E.	101120				PAGE 19 OF 53 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	-				FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Logan B Piper					M M 09	08 2014
	Mailing Address 3205 Pebble Beach Rd				Amo	ount	
ŀ	City Sta	tate	Zip Code		$-\Gamma$		32.00
	Conway		72034				ID: ad0084d8-783b-49ae-9 ursement or Obligation
	Purpose of Expenditure Salary	1	Category/ Type] [09	08 / 2014
ı	Name of Federal Candidate		<u> </u>	Support	Office Soug	aht:	House District:00
	Mr. Mark L Pryor			Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		82209.30		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
	Logan B Piper					М = М	08 2014
ľ	Mailing Address 3205 Pebble Beach Rd				Amo		
-	01	11-1-	7:- Codo				264
	,	tate AR	Zip Code 72034				2.64 D: 0e48e4db-6a58-406d-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			09 09 09 09 09 09 09 09 09 09 09 09 09 0	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate			Support	Office Soug	ght:	House District:00
	Mr. Mark L Pryor			Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		82209.3	0	Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures						34.64
						——————————————————————————————————————	
(b) SUBTOTAL of Unitemized Independent Expenditures	3			· •	-	7
(c) TOTAL Independent Expenditures	,			•	7	7
W	Under penalty of perjury I certify that the independent e vith, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	10	/ Y Y Y Y Y Y 2014
	Signature		_				

Scl	hedule E)	L /(1 L /(2)	101120				PAGE 20 OF 53 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amen	ds repo	ort filed on	- M /	D = D / Y = Y = Y = Y
T	Full Name of Payee Hope Benner					- M /	Distribution/Dissemination
-	Mailing Address 2073 A Clover Ave				Amou	09 nt	08 2014
ŀ	City S	State	Zip Code				35.00
	Springdale	AR	72764				D: 3d1f602e-8dc2-4130-9 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	08 / 2014
1	Name of Federal Candidate		Sup	port	Office Sough	t:	House District:00
	Mr. Mark L Pryor			pose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		82209.30]_	Disbursemen 2014 O	t For: ther (sp	Primary
	Full Name of Payee Hope Benner					of Public	Distribution/Dissemination Distribution/Dissemination 08
	Mailing Address 2073 A Clover Ave				Amou	nt	
ŀ	City	State	Zip Code	-			8.10
	Springdale	AR	72764		Transa Date	of Disbu	D: cc865b4a-91dc-4cac-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	N	09	08 / 2014
ľ	Name of Federal Candidate		Sup	pport	Office Sough	nt:	House District:00
	Mr. Mark L Pryor		X Opp	pose	Preside	ent \sum	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		82209.30		Disbursemen 2014	it For: other (sp	Primary X General ecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures.				•		43.10
((b) SUBTOTAL of Unitemized Independent Expenditure	'es				1 7	7
((c) TOTAL Independent Expenditures				· [7 7
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	10	2014
	Signature						

Sch	edule E)	EXI ENDI	TOTILO		PAGE 21 OF 53 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		<u> </u>			
	ull Name of Payee _ucas H Hoyle				of Public Distribution/Dissemination 09 08 2014
M	lailing Address 282 Falls Ave			Amou	nt
С	ity	State	Zip Code		30.00
	Granite Falls	NC	28630		action ID: 43b63a49-ea9d-45bc-a of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	M	09 08 / 9 2014
N	ame of Federal Candidate		Support	Office Sough	t: House District: 00
N	/Is. Kay Hagan		Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 2	90047.54	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ull Name of Payee Lucas H Hoyle				of Public Distribution/Dissemination
 	failing Address 282 Falls Ave			L	09 08 2014
	202 Falls Ave			Amou	nt
С	ity	State	Zip Code		16.80
	Granite Falls	NC	28630		oction ID : 51c54556-13ea-4995-a of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		09 / 08 / 2014
N	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	290047.54	Disbursemen 2014	nt For:
(-)	OUDTOTAL of the size of body and the size of the size				1000
(a)	SUBTOTAL of Itemized Independent Expenditures	i		· L.	46.80
(b)	SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
witl	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	, 09	10 / 2014
	Signature				

Schedule E)	ENT EXICITE	TI OTILO	PAGE 22 FOR SE OF F	OF 53 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on D D D	Y
Full Name of Payee			Date of Public Distribution/D	issemination
Cory Bryson			09 08 /	2014
Mailing Address 216 Dogwood Ln			Amount	
City	State	Zip Code		70.00
Belmont	NC	28012	Transaction ID : 0acaadc0-c	
Purpose of Expenditure Salary		Category/ Type 001	09 08 /	2014
Name of Federal Candidate		Support	Office Sought: House D	istrict: 00
Ms. Kay Hagan		X Oppose		State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee	<u> </u>		Date of Public Distribution/D	issemination
Cory Bryson			09 / 08 /	2014
Mailing Address 216 Dogwood Ln			Amount	
City	State	Zip Code		20.10
Belmont	NC	28012	Transaction ID : 33460423-23 Date of Disbursement or Ob	
Purpose of Expenditure Mileage		Category/ Type 002	M = M / D = D / 08 /	2014
Name of Federal Candidate		Support	Office Sought: House D	istrict: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For:	∑ General
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	90.10
(b) SUBTOTAL of Unitemized Independent Exp	andituros			
(b) SOBTOTAL OF Officernized independent Expe	erialiares			- 45
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
-				

Schedu	ile E)				PAGE 23 OF 53 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
	Name of Payee . Tonya Boyd				of Public Distribution/Dissemination
Mailir	ng Address 2357 Fancy Cap Rd			— L	09 08 2014
				Amou	
City		State	Zip Code		70.00
Mt. A	Airy	NC	27030		saction ID: 7cc5d561-d074-4a95-a of Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001		09 08 7 2014
Name	e of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. I	Kay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	2	290047.54	Disbursemen 2014	nt For: Primary General Other (specify) ▶
	Name of Payee	-		Date	of Public Distribution/Dissemination
Ms	. Tonya Boyd				09 08 2014
Mailii	ng Address 2357 Fancy Cap Rd				
	, ,			Amou	ınt
City		State	Zip Code		29.01
Mt.		NC	27030		action ID : cf512654-4da2-4918-8 of Disbursement or Obligation
Purp Mile	ose of Expenditure age		Category/ Type 002		09 / 08 / 2014
Nam	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Kay Hagan		Oppose	Presid	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	290047.54	Disbursemer 2014	nt For:
(a) Sl	JBTOTAL of Itemized Independent Expenditure	}s		. •	99.01
(b) Sl	JBTOTAL of Unitemized Independent Expendit	ures		· •	7 7 7
(c) TO	OTAL Independent Expenditures			· •	7 1 7 1 7
with, o	penalty of perjury I certify that the independer at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	10 2014
Sig	nature				

Schedule E)	NI EXPEND	ITORES		PAGE 24 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Stephanie L Heun			09	08 / 2014
Mailing Address 8026 S Wilwood Dr Apt 101			Amount	
City	State	Zip Code		30.00
Oak Creek	WI	53154		n ID: 606750f6-6d54-4efe-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	:	290047.54	Disbursement For 2014 Other (: Primary X General
Full Name of Payee	<u> </u>		Date of Pu	blic Distribution/Dissemination
Theresa a Youngblood			M M 09	08 2014
Mailing Address 102 S Main Street Apt A2			Amount	سندا لنا ا
City	State	Zip Code		55.00
Berryville	VA	22611		ID: 1cf3f7ec-6415-484d-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	290047.54	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	85.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(c) con a comment masper as in Experi				7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 10	
○				

Schedule E)	IN EXICID	HONES		PAGE 25 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Brooke A Gilham			M M /	08 / 2014
Mailing Address 168 Graduate Lane Apt 324			Amount	
City	State	Zip Code		80.00
Boone	NC	28607		: 804fa456-8027-48da-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	-	290047.54	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brooke A Gilham			M M / 09	08 2014
Mailing Address 168 Graduate Lane Apt 324			Amount	2014
City	01-1-	75.0.4.		44.70
City Boone	State NC	Zip Code 28607		44.70 : fcd787ac-111e-4b04-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbut	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For: [2014 Other (spe	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expendi	tures			124.70
				7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 10	2014

Sche	edule E)	1 E/ E/ E/ E	1101120		PAGE 26 OF 53 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
	III Name of Payee Billy Martin				of Public Distribution/Dissemination
Ma	ailing Address 250 JS Brewton rd			Amou	09 08 2014
		01-1-	7'- 0-4-		40.00
Cir ge	τy oldonna	State LA	Zip Code 71031		40.00 action ID: 330e1c5e-c224-48bc-a of Disbursement or Obligation
	urpose of Expenditure salary		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
М	ls. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	112465.88	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Ill Name of Payee Billy Martin				of Public Distribution/Dissemination
Ma	ailing Address 250 JS Brewton rd			Amou	
Ci	ity	State	Zip Code	<u> </u>	3.00
	ioldonna	LA	71031	Transa Date	oction ID: 28d5ff14-a5c1-42d7-a of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		09 / 08 / 2014
	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
М	ls. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	es			43.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		-	
(c)	TOTAL Independent Expenditures			· •	7 1 7 1 7 1
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 09 /	10 2014
;	Signature				

Schedule E)	LAPLINDI	TONES		PAGE 27 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Patrice Wolfe				of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			Amou	09 08 2014
			Allioui	
City	State	Zip Code		20.00
Little Rock	AR	72205		action ID: 55ba4afe-f6df-48c8-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 08 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursement 2014 O	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Patrice Wolfe			M	09 08 2014
Mailing Address 9909 Treasure Hill Rd			Amou	nt
City	State	Zip Code		16.80
Little Rock	AR	72205		ction ID : 6d99aacb-5cff-4765-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	09 08 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.				36.80
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		PAGE 28 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	w report Amends report f	illed on
Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination
Mailing Address 2730 Dave Ward Dr		09 08 2014 Amount
City State	Zip Code	40.00
Conway AR	72034	Transaction ID : d7f4a6ab-3406-40ac-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Chinchar		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr		Amount
City State	Zip Code	7.50
Conway AR	72034	Transaction ID : 9ff33ee9-84f1-44c8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 08 7 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		olsbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		47.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) SSTOTAL of Officialized Independent Experiations		4
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
	lectronically Filed] Date	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sche	dule E)	EXI END	TOTILO		PAGE 29 OF 53 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y
	II Name of Payee achary Vidrine				of Public Distribution/Dissemination 09 08 2014
Ма	ailing Address 202 Rue Des Cajun			Amou	nt
Cit	y	State	Zip Code	- [20.00
	ille Platte	LA	70586		action ID: f84493f9-a119-4ada-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		09 08 7 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Mary L Landrieu		X Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought		12465.88	Disbursemen 2014 O	t For:
	Il Name of Payee			Date	of Public Distribution/Dissemination
	achary Vidrine			IV	09 08 2014
Ma	ailing Address 202 Rue Des Cajun				00 100 1001
	·			Amou	nt
Cit	ty	State	Zip Code		8.10
_	ille Platte	LA	70586	Transa Date	oction ID: 098efa72-035f-40c4-8 of Disbursement or Obligation
	rrpose of Expenditure lileage		Category/ Type 002	IV	09 / 08 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	112465.88	Disbursemen 2014 O	ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	S		· -	28.10
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c)	TOTAL Independent Expenditures			•	77
with	er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidat y committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	09	10 / 2014
5	Signature				

Schedule E)	LIVI EXI END	TTOTILO	PAGE 30 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joneisha Stewart			09 / 08 / 2014
Mailing Address 2329 Runnymede Dr			Amount
City	State	Zip Code	50.00
Marrero	LA	70072	Transaction ID : c5fae183-4403-4f76-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	112465.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Xavier Miller			09 08 7 2014
Mailing Address 407 randall Dr			Amount
City	State	Zip Code	50.00
Searcy	AR	72143	Transaction ID: 8461b001-4b69-426c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		100.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 10 / 2014
g			

Schedule E)	II EXI END	TIONES		PAGE 31 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Xavier Miller			Date of Public	Distribution/Dissemination
Mailing Address 407 randall Dr			09 Amount	08 2014
			Amount	
City	State	Zip Code		36.00
Searcy	AR	72143		: c72715da-21fa-4212-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	82209.30	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carol L Walters			M = M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		70.00
Fort Smith	AR	72916		: 9947bc5c-b8bf-4c4e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	82209.30	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			106.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 10	2014
S.g.iataio				

Schedule E)	LIVI EXI EIVI	SHORES	PAGE 32 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Walters			09 08 2014
Mailing Address 1900 Glen West Way			Amount
City	State	Zip Code	12.00
Fort Smith	AR	72916	Transaction ID: e32aa777-b441-432b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	82209.30	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	25.00
Lafayette	LA	70503	Transaction ID : 5354c589-c3f3-4be7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		37.00
(a) SSE TO THE OF ROTHERS INASPONDENT EXPON	GILGI GO		51.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	chedule E)	PAGE 33 OF 53 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report fi	filed on
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	09 08 / 2014
	Mailing Address 220 Doucet Rd	Amount
ŀ	City State Zip Code	2.58
	Lafayette LA 70503	Transaction ID : 824c7eea-f96a-44ee-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 08 / 2014
ŀ	Name of Federal Candidate Support Of	office Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calorida Todi To Bato	oisbursement For: Primary X General Other (specify) ▶
Ì	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey Hampton	09 08 2014
ŀ	Mailing Address 1700 E Part Ave	09 00 2014
	I	Amount
Ì	City State Zip Code	45.00
	Searcy AR 72149	Transaction ID: 324cd9c3-2975-432b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 08 / 2014
ľ	Name of Federal Candidate Support O	Office Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
		Disbursement For: ☐ Primary ☐ General Other (specify) ►
((a) SUBTOTAL of Itemized Independent Expenditures	47.58
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

,			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In			FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	T PAC		C C00530766
Check if 24-hour repor	t X 48-hour report New	report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hamptor			09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address ₁₇₀₀ E	Part Ave		Amount
City	State	Zip Code	36.90
Searcy	AR	72149	Transaction ID : eefefafc-25b4-4ca0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candi	date	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-D Per Election for Of		82209.30 Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee Shantal C Culbre Mailing Address 469	ath Hercules Lane	<u>'</u>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	100.00
Woodbridge	VA	22193	Transaction ID: f359a601-2ba0-4e2b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 08 2014
Name of Federal Candi	date	Support Off	ice Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-D Per Election for Of		290047.54 Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemiz	ed Independent Expenditures	·····	136.90
(b) SUBTOTAL of Uniter	nized Independent Expenditures	·····	
(c) TOTAL Independent	Expenditures		
with, or at the request or			made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Ms. Emily Bu		ctronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

PAGE

OF

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Sc	chedule E)	L /(1 L /(2)	1101120		PAGE 35 OF 53 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	d on Mam / Dad / Yayayay
1	Full Name of Payee Carla A Wells				Date of Public Distribution/Dissemination
	Mailing Address 2013 Woodwind Way				09 / 08 / 2014
	2013 Woodwilla way				Amount
	City	State	Zip Code		25.00
	Van Buren	NC	72956		Transaction ID: 68a6d2e6-4be7-43e5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	09 / 08 / 2014
١	Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppos		President State: AR
	Calendar Year-To-Date Per Election for Office Sought		82209.30	Disb 2014	ursement For: Primary X General Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
-	Carla A Wells				09 08 2014
	Mailing Address 2013 Woodwind Way				
					Amount
	City	State	Zip Code		1.80
	Van Buren	NC	72956		Transaction ID : 6010ce70-c763-4184-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	09 / 08 / 2014
	Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppos	se	President State: AR
	Calendar Year-To-Date Per Election for Office Sought	7 7	82209.30	Disb 2014	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	\$		······ >	26.80
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		······ >	
	(c) TOTAL Independent Expenditures			······ >	
١	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 10 2014
	Signature		_		

Schedule E)	INI EXI END	HONES	<u> </u>	PAGE 36 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Сс	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Roger McKinney			M 09 /	08 / 2014
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		102.50
Pilot Mountian	NC	27041		: 89a25fb9-0a67-47ee-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	,	290047.54	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Roger McKinney			09	08 / 2014
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		18.00
Pilot Mountian	NC	27041		: ff3be0f5-d96c-4e09-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	290047.54	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			120.50
			7	7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 10	2014
- 3				

Schedule E)	T EXI END	TIONES		PAGE 37 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Glenda McKinney			M = M	olic Distribution/Dissemination
Mailing Address 308 West Main Street			09 Amount	08 2014
City	State	Zip Code		102.50
Plot Mountain	NC	27041		n ID : 67d326fc-7663-4aa0-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	290047.54	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee	_		Date of Pul	olic Distribution/Dissemination
Phillip Williams			M M M	08 2014
Mailing Address 3007 Darden Rd				
			Amount	
City	State	Zip Code		80.00
Greensboro	NC	27407		ID: e07fd7f0-30df-4e34-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	290047.54	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	əs		▶	182.50
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 10	
Signature				

Schedule E)	PAGE 38 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M=M / D=D / Y=Y=Y=Y
Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	09 08 2014 Amount
City State Zip Code Greensboro NC 27407	26.70 Transaction ID : 25afdfa4-3fe6-4b7b-9
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disk 290047.54	oursement For: Primary
Full Name of Payee Beverly Williams	Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	09 08 2014 Amount
City State Zip Code	80.00
Greensboro NC 27407	Transaction ID : 57f67f0c-16c5-4b88-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 290047.54	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	106.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
CT1 4 4 11 T21 12	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INI EXI END	TTOTILO	PAGE 39 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			09 / 08 / 2014
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	55.00
Monroe	LA	71201	Transaction ID : 2ca9f73b-beba-426e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	112465.88	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			09 / 08 / 2014
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	13.50
Monroe	LA	71201	Transaction ID: b3047efb-7838-4df8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	112465.88	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 68.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· -
(c) TOTAL Independent Expenditures			
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 10 / 2014
3.9			

Schedule E)	DEINT EXPEND	ITORLS	PAGE 40 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination
Mailing Address 300 Evangeline St			09 08 2014 Amount
City	State	Zip Code	55.00
Monroe	LA	71201	Transaction ID: 7125fe7f-7300-41f3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination
Mailing Address 300 Evangeline St			09 / 08 / 2014
300 Evangeline St			Amount
City	State	Zip Code	13.50
Monroe	LA	71201	Transaction ID: 08a6bbaf-534a-400b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		112465.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ndituras		. ▶ 68.50
(a) SOBTOTAL OF HEIMIZER Macpendent Exper	iditures		00.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXICIO	TIONES	PAGE 41 C FOR SE OF FOR	OF 53 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	UMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y = Y = Y
Full Name of Payee			Date of Public Distribution/Disse	emination
Eleanor McCoy			09 / 08 / Y	2014
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		80.00
Greensboro	NC	27407	Transaction ID: 69b8db16-ebf Date of Disbursement or Obliga	
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distri	ict: 00
Ms. Kay Hagan		X Oppose	President X Senate Sta	te: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	290047.54	Disbursement For: Primary 2014 Other (specify) ▶	≺ General
Full Name of Payee			Date of Public Distribution/Diss	emination
Eleanor McCoy			M M / D D / Y	2014
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		20.40
Greensboro	NC	27407	Transaction ID : dc7cc940-ed3f Date of Disbursement or Obliga	
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Distr	ict:00
Ms. Kay Hagan		X Oppose		ate: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For: Primary 2014 Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expen-	ditures			100.40
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures			·	-
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 10 / 2014	Y
J				

Schedule E)	L/11 -112.	1101120		PAGE 42 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	<u> </u>
Full Name of Payee Chris McCoy			M	f Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amoun	09 08 2014 t
07:	05-1-	75 0-4-		110.00
City High Point	State NC	Zip Code 27260		110.00 Iction ID: d149d85f-8bd1-4afa-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 08 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO
Calendar Year-To-Date Per Election for Office Sought	2	290047.54	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Chris McCoy				f Public Distribution/Dissemination
AA-Ti Address				09 08 2014
Mailing Address 1025 Cayley Ct			Amoun	nt
City	State	Zip Code		22.20
High Point	NC	27260		ction ID : 7e678a40-a8dc-47f2-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 08 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement 2014 Ot	For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			· •	132.20
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 09	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Sch	edule E)	L X. L .(2.	1020				PAGE 43 OF 53 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	k if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
Te	Full Name of Payee		-		Dat	a of Dubli	c Distribution/Dissemination
	Serena A Jones				Dai	e of Public	/ Distribution/Dissemination / 08 2014
M	Mailing Address 7151 Mullins Drive				Am	ount	
C	City S	State	Zip Code				80.00
	Saltville	VA	24370				ID: e1c2b9d7-35c7-4650-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 09	08 2014
Ν	Name of Federal Candidate		<u> </u>	Support	Office Sou	ght:	House District: 00
ľ	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	90047.54		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Serena A Jones					M M M 09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 7151 Mullins Drive					09	00 2017
					Am	ount	
	Dity	State	Zip Code				41.10
		VA	24370		Tran Dat	saction II e of Disb	D : 20058056-fa74-4583-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	08 2014
١	Name of Federal Candidate			Support	Office Sou	ıght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		290047.54	4	Disbursem 2014	ent For: Other (sp	Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures				· •	-	121.10
(b)) SUBTOTAL of Unitemized Independent Expenditures	s			. •		7 1 4
(c)) TOTAL Independent Expenditures				•		
wit	nder penalty of perjury I certify that the independent of th, or at the request or suggestion of, any candidate of the committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M 09	/ 10	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	I EXI END	ITORES		PAGE 44 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kaleigh J Wagner			09	08 / 2014
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code		50.00
Odessa	FL	33556		0: 50421a87-053e-4ea2-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	82209.30	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Randy M Gold			M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr			Amount	
City	State	Zip Code		50.00
City Elgin	SC	29045		: d87151b9-649a-4256-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	82209.30	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	98			100.00
			7	-75-
(b) SUBTOTAL of Unitemized Independent Expendi	tures)	72 1 72
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 10	2014
-				

Schedule E)	PAGE 45 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Randy M Gold	09 / 08 / 2014
Mailing Address 1436 Haigs Creek Dr	Amount
City State	Zip Code 37.89
Elgin SC	29045 Transaction ID: 854fff08-20de-4374-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 08 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
	09 / 08 / 2014
Mailing Address 6101 NORA ST	Amount
City State	Zip Code 60.00
METAIRIE LA	70003 Transaction ID : fc37cf6b-e539-4e59-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 / 08 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	97.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	Electronically Filed] Date 09 10 2014
Signature	

Schedule E)	IN EXIEND	ITORES	⊢	PAGE 46 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABÁRY			09	08 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		2.10
METAIRIE	LA	70003		D: a4e43a2e-5769-445b-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	112465.88	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Shelbi L Randall			M M /	08 / 2014
Mailing Address 202 East Park Ave Apt 40			Amount	
City	State	Zip Code		40.00
Searcy	AR	72143		: 3194faf0-ac76-4dfa-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		82209.30	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			42.10
(a) Colling of Normales Independent Experien			7	72.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M / D D D 10	2014
•				

Schedu	le E)	LAFLIND	TIONES		PAGE 47 OF 53 FOR SE OF FORM 24/48
NAME OF	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends rep	oort filed on	M = M / D = D / Y = Y = Y
Full Na	ame of Payee Ibi L Randall			Da	ate of Public Distribution/Dissemination
Mailing	g Address 202 East Park Ave Apt 40			An	09 08 2014 mount
City Searc	у	State AR	Zip Code 72143		26.82 ansaction ID : 7f392849-95ab-4d5a-8 ate of Disbursement or Obligation
Purpos Milea	se of Expenditure ge		Category/ Type 002		09 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office So	ught: House District: 00
Mr. M	ark L Pryor		Oppose	Pre	esident Senate State: AR
	alendar Year-To-Date er Election for Office Sought	7 1 7	82209.30	Disbursen 2014	ment For:
	ame of Payee			Da	ate of Public Distribution/Dissemination
	nael Vidrine				09
Mailin	g Address 1103 West Wilson Street			An	mount
City		State	Zip Code		50.00
Ville I		LA	70586		insaction ID: 64501e3c-ffc1-4cca-8 ate of Disbursement or Obligation
Salar	se of Expenditure y		Category/ Type 001		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office So	ought: House District: 00
Ms. M	lary L Landrieu		X Oppose	Pre	esident Senate State: LA
	calendar Year-To-Date Per Election for Office Sought	, , ,	112465.88	Disburser 2014	ment For:
(a) SU	BTOTAL of Itemized Independent Expenditure	9S		•	76.82
(b) SUI	BTOTAL of Unitemized Independent Expendi	tures			
				, _	7 7 7
(c) TO	FAL Independent Expenditures			···· •	
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate ammittee) any political party committee or its	ate or authorized			
Sian	Ms. Emily Buchanan	[Electron	ically Filed] Dai	te 09	10 2014
9.					

Schedule E)	. O. MOLI LINDLIN	I EXI END	101120		PAGE 48 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	t PAC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Michael Vidrine					of Public Distribution/Dissemination
Mailing Address 1103 V	Vest Wilson Street			L	09 08 2014
				Amou	unt
City Ville Platte		State LA	Zip Code 70586		38.40 saction ID : f785da96-0749-4c7b-8
Purpose of Expenditure Mileage			Category/ Type 002		of Disbursement or Obligation 09 08 2014
Name of Federal Candid	date		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent Senate State: LA
Calendar Year-To-D Per Election for Off		, 1	12465.88	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee Nick Berryhill					of Public Distribution/Dissemination
Mailing Address 905	Lake Drive			Amou	
City		State	Zip Code		80.00
Shelby		NC	28152	Transa Date	action ID : e253321f-5053-4e63-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		M 09 / 08 / 2014
Name of Federal Candi	date		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan			X Oppose	Presid	dent Senate State: NC
Calendar Year-To-D Per Election for Of		7 7	290047.54	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemiz	ed Independent Expenditure	es			118.40
(b) SUBTOTAL of Uniter	nized Independent Expendit	ures		.	
(c) TOTAL Independent	Expenditures			··· •	
with, or at the request or		te or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Bu	chanan	[Electron	ically Filed] Dat	re 09	10 2014
Signature					

Schedule E)	II EXI EI	ITOTIES		PAGE 49 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Nick Berryhill			09	08 / 2014
Mailing Address 905 Lake Drive			Amount	
City	State	Zip Code		36.30
Shelby	NC	28152		ion ID: 3a85cd5f-56c7-4aed-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For 2014 Other	or:
Full Name of Payee	_		Date of F	Public Distribution/Dissemination
Taylor N Randall			M 09	
Mailing Address 2002 E Park Ave			Amount	
Apt 40				
City	State AR	Zip Code	Transaction	40.00 on ID : 3919e827-6e41-4c68-9
Searcy	AN	72143		Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	82209.30	Disbursement For 2014 Othe	or:
(a) CURTOTAL of Hamisad Indopendent Evaporditure				70.20
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	76.30
(b) SUBTOTAL of Unitemized Independent Expendi	tures		→	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		10 / 2014
-				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Tromon opean out i Ao	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee Wayne Burckel	Date of Public Distribution/Dissemination
·	09 08 2014
Mailing Address 46 Glenwood Ave	Amount
City State Zip Code	20.00
Harahan LA 70123	Transaction ID: e2490971-33e4-4ac9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 08 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Me Many Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary General Other (specify) ▶
Full Name of Payee Wayne Burckel Mailing Address 46 Glenwood Ave	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y O9 08 2014 Amount
City State Zip Code	0.60
	Transaction ID : fd53b358-2ebe-4938-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 08 / Y 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	20.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	9 10 2014
Signature	

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OF

53

Sche	edule E)	L /(L (2)	101.20		PAGE 51 OF 53 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Earl Stewart				of Public Distribution/Dissemination
М	lailing Address 9455 Snow Camp Road			Amou	09 08 2014 unt
C	ity	State	Zip Code	—	55.00
- 1	Snowcamp	NC	27349		saction ID: 9b2de397-4578-4627-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09 08 2014
N	ame of Federal Candidate		Support	Office Sough	ht: House District:00
M	/Is. Kay Hagan		Oppose	Presid	NC NC
	Calendar Year-To-Date Per Election for Office Sought	2	290047.54	Disbursemer 2014	nt For:
	ull Name of Payee Earl Stewart				of Public Distribution/Dissemination
M	failing Address 9455 Snow Camp Road			Amou	unt
С	ity	State	Zip Code		6.60
	Snowcamp	NC	27349	Transa Date	action ID: f36bf174-14dd-4340-8 of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	09 / 08 / 2014
N	lame of Federal Candidate		Support	Office Sough	ht: House District: 00
_ N	/Is. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	290047.54	Disbursemer 2014	ont For: Primary General Other (specify)
(a)	SUBTOTAL of Itemized Independent Expenditures	\$.	61.60
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		-	
(c)	TOTAL Independent Expenditures			· • [7
with	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	10 2014
	Signature				

Schedule E)	IN EXICID	HORLS	PAGE 52 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			09
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: 2322c1fa-cad1-4417-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	290047.54	Disbursement For: Primary General G
Full Name of Payee			Date of Public Distribution/Dissemination
Jazmine d Conner			09
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	60.00
WINCHESTER	VA	22602	Transaction ID: 6d013e6f-31d6-4e36-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	290047.54	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		130.00
//s) CURTOTAL of United Sized Indeed and Support			
(b) SUBTOTAL of Unitemized Independent Exper	naitures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
· 😈			

Schedule E)	/LIVI L/XI LIVE	110.120		PAGE 53 OF 53 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	A / D = D / Y = Y = Y
Full Name of Payee Jon E Conner			Date of F	Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			09 Amount	
	Ctoto	7:- O-do		60.00
City Winchester	State VA	Zip Code 22602		60.00 ion ID : 03c1eaa3-1317-4cd2-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		290047.54	Disbursement For 2014 Other	or: Primary ⊠ General r (specify) ▶
Full Name of Payee				Public Distribution/Dissemination
Nation Address			M	M / D D / Y Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code		7
Description of Francisco			Date of D	Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement Fo	
			Utne	r (specify) -
(a) SUBTOTAL of Itemized Independent Expen	ditures			60.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures			71171171
(c) TOTAL Independent Expenditures			· •	4309.75
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				